

## Docket Number: PALM-3583.SG IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **Patent Application**

| Thereby certify that this transmittal of the below described documents is being deposited with the United States Postal Service in an envelope bearing Express Mail Postage and an Express Mail label, with the below serial number, addressed to the Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the below date of deposit. |               |  |                  |
|---|---------------|--|------------------|
| Express Mail<br>Label No.:  | EV390596627US | Name of Person Making the Deposit:             | Thomas M. Catale |
| Date of<br>Deposit:   | 12/10/03      | Signature of the Person<br>Making the Deposit: | Thomas dat       |

In re Application of: Jenks., et al.

Serial No.: 09/819,593

Examiner: Lee, Kyung S.

Filed: 03/27/01

Art Unit: 2832

: INTEGRATED KEYPAD INTERFACE FOR A PERSONAL DIGITAL ASSISTANT DEVICE

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL (SUBSECTION(B) OF 35 U.S.C. § 132)

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 for the above-identified application.

| 1.                    | Submi        | ission required under a filing under 37 C.F.R. § 1.114  |
|-----------------------|--------------|---|
|                       | a.           | [ ] Previously submitted  |
|                       | i.           | [ ] Consider the amendment(s)/ reply under 37 C.F.R. § 1.116 previously filed on  |
|                       | ii.          | [ ] Consider the arguments in the Appeal Brief or Reply Brief previously filed on   |
|                       | iii.         | [ ] Other   |
|                       | b.           | [X] Enclosed  |
|                       | i.           | [X] Enclosed  [X] Amendment/Reply  [] Affidavit(s)/Declaration(s)   |
|                       | ii.          | [ ] Affidavit(s)/Declaration(s)   |
|                       | iii.         | [ ] Information Disclosure Statement (IDS)  |
|                       | iv.          | [ ] Other   |
| 2.                    | Miscel       | llaneous  |
|                       | a.           | [ ] Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (period of suspension shall not exceed 3 months: Fee under 37 C.F.R. § 1.17(l) required) |
| 12/15/2003 YPOLITE1 0 | 0000076 2300 | 785 09819593  |
| 01 FC•1801 77A        | 00 B0        |   |

01 FC:1801

| b. | Other |  |
|----|-------|--|
|    |       |  |

# **Extension of Term**

- 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
- (a) [ ] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension        | <u>Fee</u> |
|------------------|------------|
| [ ] one month    | \$110.00   |
| [ ] two months   | \$420.00   |
| [ ] three months | \$950.00   |
| [ ] four months  | \$1,480.00 |

Fee \$

If an additional extension of time is required, please consider this a petition therefor.

(b) [X] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## **FEES DUE**

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

|  |                  | CLA       | IMS             |          |          |
|--|------------------|-----------|-----------------|----------|----------|
|  | NO. OF<br>CLAIMS |           | EXTRA<br>CLAIMS | RATE     | FEES     |
| Basic Application  | on Fee           |           |                 |          | \$770.00 |
| Total Claims   | 40               | Minus 40= | 0               | X \$18 = | \$0.00   |
| Independent<br>Claims                                    | 3                | Minus 3=  | 0               | X \$86 = | \$0.00   |
| If multiple dependent claims are presented, add \$290.00 |                  |           | \$0.00          |          |          |
| TOTAL APPLICATION FEE DUE                                |                  |           | \$770.00        |          |          |

### **PAYMENT OF FEES**

- 1. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.
   A <u>duplicate copy</u> of this authorization is enclosed.

|     | A check in the amount of \$  |
|-----|--|
| ]   | A check in the amount of §   |
| [X] | Charge any fees required or credit any overpayments associated with this filing to Deposit |

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: DEC. 10, 2003

Thomas M. Catale Reg. No. 46,434